

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/ Mar 13, 2007 8:00 am
Secretary of State

01-30-2007 90034 032 ****50.00

DOCUMENT # L06000067528

1. Entity Name
DRACAENA CANE COMPANY, LLC



Principal Place of Business
C/O 17170 WHITE HAVEN DRIVE
BOCA RATON, FL 33496 US

Mailing Address
C/O 17170 WHITE HAVEN DRIVE
BOCA RATON, FL 33496 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-LLC CR2E083 (12/08)

4. FEI Number

20-5877117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD I. HERTZ, P.A.
ONE NO. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MCN
5 Wayne Legum
17170 White Haven Dr.
Boca Raton FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

Wayne Legum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/3/07 561642-2221
Date Daytime Phone #